

Harnett County Central Permitting  
PO Box 65 Lillington NC 27546  
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out  
by whomever performing work  
Must be owner or licensed  
contractor Address company  
name & phone must match

**Application for Residential Building and Trades Permit**

Owner s Name Tammy Henn Date 10/22/12

Site Address 41 Delmar Court, Fuquay-Varina 27526 Phone 919-999-7333

Directions to job site from Lillington 401 north, turn right on Chalybeate, turn right on Lafayette, turn left on  
Victoria Hills Dr., turn left on Tylerstone, turn left on Delmar

Subdivision Victoria Hills Lot 51

Description of Proposed Work add sunroom on new deck with heat # of Bedrooms NA

Heated SF 168 Unheated SF NA Finished Bonus Room? NA Crawl Space NA Slab NA

**General Contractor Information**

Patio Enclosures \_\_\_\_\_ Telephone 919-467-2846

Building Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

1030 Morrisville Parkway, Morrisville, NC 27560 \_\_\_\_\_  
Address \_\_\_\_\_ Email Address info@carolinaenclosures.com

49875 \_\_\_\_\_

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work add electric to code in sunroom Service Size <200 Amps T-Pole Yes X No

Crocker Enterprises \_\_\_\_\_ Telephone 919-612-1304

Electrical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

12810 Cleveland Rd., Garner, NC 27529 \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

13650 \_\_\_\_\_

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work add thru-wall PTAC unit in sunroom

Patio Enclosures (General Contractor) see above \_\_\_\_\_ Telephone \_\_\_\_\_

Mechanical Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work NA # Baths \_\_\_\_\_

Plumbing Contractor s Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Patio Enclosures (see above) \_\_\_\_\_ Telephone \_\_\_\_\_

Insulation Contractor s Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

**\*NOTE General Contractor must fill out and sign the second page of this application**

I hereby certify that I have the authority to make necessary application that the application is correct and that the construction will conform to the regulations in the Building Electrical Plumbing and Mechanical codes and the Harnett County Zoning Ordinance I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors site plan number of bedrooms building and trade plans Environmental Health permit changes or proposed use changes I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes  
**EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150 00 After 2 years re-issue fee is as per current fee schedule**

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

10/22/12  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation N C G S 87-14**

The undersigned applicant being the

General Contractor     Owner     Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s) firm(s) or corporation(s) performing the work set forth in the permit

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurance covering themselves

Has no more than two (2) employees and no subcontractors

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker s compensation insurance prior to issuance of the permit and at any time during the permitted work from any person firm or corporation carrying out the work

Company or Name Patio Enclsoures

Sign w/Title \_\_\_\_\_ Rick Garee - Installation Supervisor    Date 10/22/12